



DRUG PICKUPS



(Last, First,, Middle)		DATE OF BIRTH: / /		Age:
CLIENT NAME:				
SS #:	STATE CASE #:	CITY/COUNTY CASE #:		
SITE:	SPECIAL ATTENTION REQUIRED: <small>Explain</small>			

Directly Observed Therapy

Month _____

Year _____

*Initial and enter code for each day**D = Delivered**M = Missed**H = Hospital**S = Self Administered*

Drug							
Dosage							Comments
Day							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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21							
22							
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24							
25							
26							
27							
28							
29							
30							
31							

Self-Administered

Drug							
Date Dispensed							
# Doses Dispensed							
# Doses Leftover							

Signature_____
Initials_____
Signature_____
Initials_____
Signature_____
Initials